

# TSD File Inventory Index

Date: June 19, 2001

Initial: CMH/awao

Facility Name: <u>American Tape Company</u>			
Facility Identification Number: <u>MID 061862 926</u>			
<b>A.1 General Correspondence</b>		<b>B.2 Permit Docket (B.1.2)</b>	
<b>A.2 Part A / Interim Status</b> <u>A.2</u>	/	.1 Correspondence <u>B.1.1 - B.1.2</u>	/
.1 Correspondence	Y	.2 All Other Permitting Documents (Not Part of the ARA) <u>See B.1.1</u>	
.2 Notification and Acknowledgment	Y	<b>C.1 Compliance - (Inspection Reports)</b> <u>See C.1.2</u>	
.3 Part A Application and Amendments	Y	<b>C.2 Compliance/Enforcement</b> <u>C.2</u>	/
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications <u>C.2.1</u>	/
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports		<b>C.3 FOIA Exemptions - Non-Releasable Documents</b>	
<b>A.3 Groundwater Monitoring</b>		<b>D.1 Corrective Action/Facility Assessment</b>	
.1 Correspondence		.1 RFA Correspondence	
.2 Reports		.2 Background Reports, Supporting Docs and Studies	
<b>A.4 Closure/Post Closure</b>		.3 State Prelim. Investigation Memos	
.1 Correspondence <u>A.4.1 - A.4.5</u>	/	.4 RFA Reports <u>D.1.4</u>	/
.2 Closure/Post Closure Plans, Certificates, etc <u>See A.4.1</u>		<b>D.2 Corrective Action/Facility Investigation</b>	
<b>A.5 Ambient Air Monitoring</b>		.1 RFI Correspondence	
.1 Correspondence		.2 RFI Workplan	
.2 Reports		.3 RFI Program Reports and Oversight	
<b>B.1 Administrative Record</b>		.4 RFI Draft /Final Report	

Total - 7

.5 RFI QAPP		.7 Lab data, Soil Sampling/Groundwater	
.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		D.6 Environmental Indicator Determinations	
D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	/
.5 Stabilization		G.1 Risk Assessment	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI Correspondence		.9 Environmental Justice	

Note: Transmittal Letter to Be Included with Reports.

Comments: \_\_\_\_\_

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON  
MARLENE J. FLUHARTY  
EPHEN V. MONSMA  
J. STEWART MYERS  
DAVID D. OLSON  
RAYMOND POUPORE  
HARRY H. WHITELEY

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

December 12, 1985

Mr. Martin Decker  
Vice President-Engineering  
American Tape  
317 Kendall Avenue  
Marysville, Michigan 48040

Re: MID 061862926

Dear Mr. Decker:

This letter is to acknowledge receipt of your letter dated November 20, 1985, regarding the analytical data sheet for isopropyl alcohol from Tricil. I consider your response acceptable and will evaluate the adequacy of your program during future inspections.

Thank you for your cooperation. If you have any questions, please feel free to contact me at (313) 459-9180.

Sincerely,

A handwritten signature in cursive script, appearing to read "Faye Dade".

Faye Dade  
HAZARDOUS WASTE DIVISION

FD:mlm

cc: U.S. EPA, Region V  
B. Okwumabua



NOV 21 1985

November 20, 1985

HAZARDOUS WASTE

Mr. Kenneth Damrel  
Department of Natural Resources  
15500 Sheldon Road  
Northville, Michigan 48167

RE: MID 061862926

Dear Mr. Damrel:

On your inspection of our facility you requested an up-to-date copy of Analytical Data Sheet for isopropyl alcohol from Tricil. Please review attached information. I believe this data sheet should complete information you requested.

If you require any additional information, please contact me. Thank you for your cooperation.

Sincerely,

Martin Decker  
V.P. Engineering

MAD/dja

Enclosure



11-20-0-  
COP  
T. EDIE

# BY PRODUCT DATA SHEET

Customer AMERICAN TAPE CO. Product Code A  
Address 317 Kendall Avenue  
MARYSVILLE, MICHIGAN Postal/Zip Code 48040 Account No. 00360  
Unit or Process Drums from Tape Line  
Contact Martin Decker Phone No. (313) - 364-9000  
Transportation Mode Drums

## ANALYTICAL DATA:

General Description

"ISOPROPYL ALCOHOL"

Physical and Chemical Description

IPA Contaminated with approximately  
2-3% chrome complex  
Chrome complex mfg. by Dupont "Quilon C"  
IPA may be diluted by 10% H<sub>2</sub>O

Odour (Describe) Moderate of alcohol

Toxicity High by ingestion

	Organic Phase	Aqueous Phase	Solid Phase
% by Volume	100%		
pH			
Specific Gravity	0.865		
Conductivity, mS/cm@25°C			
Conductivity, mS/cm@pH 7 & 25°C			
Viscosity	As water		
Heat Value, MJ/kg.	26.91		
Flash Point, °C	>30		
Pour Point, °C	---		
Halogens, % W/V	None		
Sulphur, % W/V	None		

Total Ash at 650°C, % W/V

2.45%

Spectrographic Analysis of Ash:

Major (010%)

Minor (1-10%)

Trace (<1%)

## OPERATIONS DATA

Estimated Volume and Frequency 15 x 200L m<sup>3</sup>/ 2 months

Loading Temperature: Ambient °C

Transportation Instructions

Off-Loading Instructions Routine

Receiver: T-24

Special Handling Instructions Routine

Personnel Protection Routine

Material Code 1701

Process Code 120

Location Code 50

## APPROVALS:

Marketing A. Pizans

Date of Latest Revision

Year	Month	Day
79	03	09
85	08	14
85	11	06

Operations R.A.W.

PROPER SHIPPING NAME: Waste Isopropanol, Spent

P.I.N. - PROVINCIAL: 203

P.I.N. - FEDERAL: 1219

CLASSIFICATION: 3.2

PACKING GROUP: II



S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

NATURAL RESOURCES COMMISSION  
THOMAS J. ANDERSON  
E. R. CAROLLO  
JACOB A. HOEFER  
STEPHEN F. MONSMA  
HILARY F. SNELL  
PAUL H. WENDLER  
HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

October 24, 1985

American Tape Co.  
317 Kendall Avenue  
Marysville, MI 48040  
Attn: Martin Decker

RE: MID 061862926

Dear Mr. Decker:

On October 22, 1985, acting as a representative of the United States Environmental Protection Agency, I performed an inspection of your facility located at the above address to evaluate compliance of that facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

I have determined that your facility has no deficiencies of the requirements of RCRA in the areas reviewed during that inspection.

Thank you for the cooperation during my visit.

Sincerely,

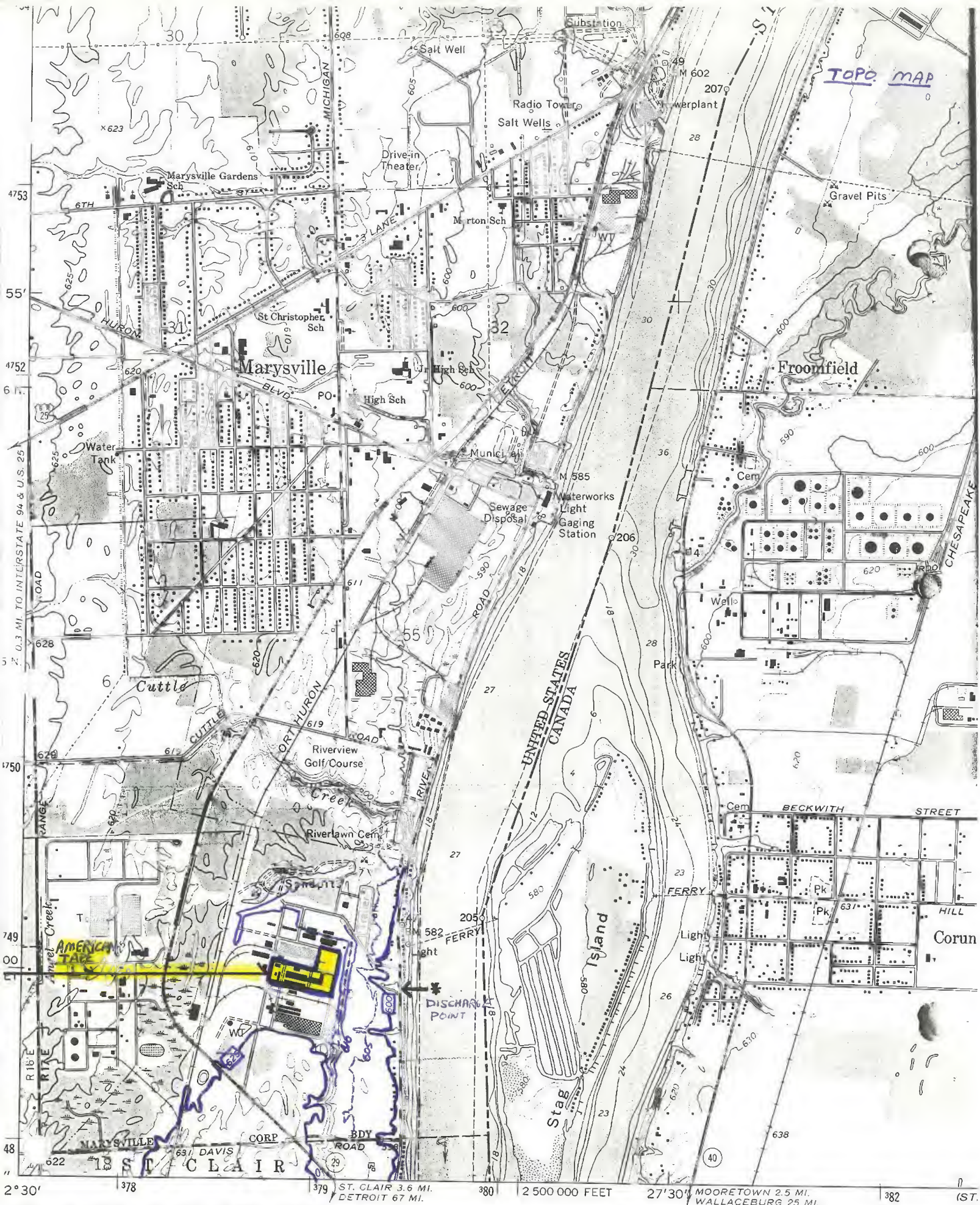
A handwritten signature in cursive script that reads "Kenneth L. Damrel".

Kenneth L. Damrel  
Environmental Engineer  
HAZARDOUS WASTE DIVISION

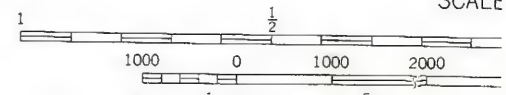
KD:jg

cc: U.S. EPA, Region V  
B. Okwumabua





Mapped, edited, and published by the Geological Survey  
in cooperation with State of Michigan agencies  
Control by USGS, USC&GS, and U. S. Lake Survey





## STATE OF MICHIGAN



## NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON  
E. R. CAROLLO  
MARLENE J. FLUHARTY  
STEPHEN F. MONSMA  
O. STEWART MYERS  
RAYMOND POUPORE  
HARRY H. WHITELEY

JAMES J. BLANCHARD, Governor

## DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

S.E. Michigan Field Office  
15500 Sheldon Rd.  
Northville, MI 48167

October 25, 1984

American Tape Company  
Mr. Martin A. Decker  
U.P. - Engineering  
317 Kendall Avenue  
Marysville, MI 48040

EPA I.D. No.: MID 061862926

Dear Mr. Decker:

This letter is to acknowledge receipt of your letter dated September 28, 1984 indicating your compliance program for RCRA deficiencies cited during my inspection on September 4, 1984. I consider your response acceptable at this time and will evaluate the adequacy of your program during future inspections.

Thank you for your cooperation. If you have any questions, please feel free to contact me at (313) 459-9180.

Sincerely,

A handwritten signature in cursive script that reads "Larry AuBuchon".

Larry AuBuchon  
Hazardous Waste Division

LA:jg

cc: U.S. EPA, Region V  
B. Okwunabua



# American<sup>®</sup> TAPE co.

Formerly **Armak** Tape Division  
COMPANY

September 28, 1984

OCT 3 1984

Mr. Larry AuBuchon  
State of Michigan  
Department of Natural Resources  
15500 Sheldon Road  
Northville, Michigan 48167

EPA No. MID-061862926

Dear Mr. AuBuchon:

In reply to your letter of September 6, 1984, American Tape Co. has performed necessary corrections to the items in violation of the Requirements of Subtitle C of RCRA.

1. Our annual training program is scheduled to complete necessary personnel training of positions which have been filled because of employment changes. Our job descriptions are being rewritten to properly handle our hazardous waste at its reduced level. We have combined positions because of our concern and effort to reduce our hazardous waste and make it more efficient. We have received the new Michigan Uniform Manifest in September 1984. Our training program included a review of filling out manifests properly to include all new additional information required.

During 1984 we have removed Isopropanol alcohol material used in release coating on two of our three coating lines. We have reduced our consumption of IPA by about 80% and are now using a waterbase release formulation on the two coating lines which IPA was removed from. Our R & D department has been and continues to work on projects to reduce any hazardous waste material if at all possible.

2. No smoking sign was placed on the storage area fence as you requested that day.
3. Two containers in question were removed and personnel making inspections were given additional training on proper inspection and completing reports properly.

317 KENDALL AVENUE  
MARYSVILLE, MICHIGAN 48040  
313 364-9000  
TWX 810-231-5250

Mr. Larry AuBuchon  
September 28, 1984  
Page Two

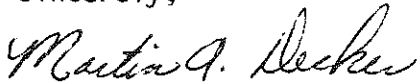
4. Hazardous waste labels for each drum were ordered and will be used on each drum along with our drum tag system which indicates proper name of material in drum.
5. Your recommendation of a roof over our hazardous waste area is being considered and we are now using a program of having all hazardous waste material removed every 80 days to keep amounts at a minimum.

I have reviewed our Contingency Plan and updated with names, changes, and etc. and have forwarded revised copies to all necessary agencies as you requested.

It is in American Tape's best interest to eliminate any questionable problems for a safer, better working environment through out our area.

Please contact me if you have any additional questions.

Sincerely,



Martin A. Decker  
Vice President - Engineering

MAD:dap

cc: C. Kurzweil  
T. Dodd

STATE OF MICHIGAN



S.E. Michigan Field Office  
15500 Sheldon Road  
Northville, MI 48167

NATURAL RESOURCES COMMISSION

JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

RONALD O. SKOOG, Director

THOMAS J. ANDERSON  
E. R. CAROLLO  
JACOB A. HOEFER  
STEPHEN F. MONSMA  
HILARY F. SNELL  
PAUL H. WENDLER  
HARRY H. WHITELEY

October 24, 1985

American Tape Co.  
317 Kendall Avenue  
Marysville, MI 48040  
Attn: Martin Decker

RE: MID 061862926

Dear Mr. Decker:

On October 22, 1985, acting as a representative of the United States Environmental Protection Agency, I performed an inspection of your facility located at the above address to evaluate compliance of that facility with the requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

I have determined that your facility has no deficiencies of the requirements of RCRA in the areas reviewed during that inspection.

Thank you for the cooperation during my visit.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth L. Damrel".

Kenneth L. Damrel  
Environmental Engineer  
HAZARDOUS WASTE DIVISION

KD:jg

cc: U.S. EPA, Region V  
B. Okwumabua

# RCRA INSPECTION REPORT

EPA Identification Number: M I D 0 6 1 8 6 2 9 2 6  
 Installation Name: American Tape Co. (Formerly AKzo Chemie America)  
 Location Address: 317 Kendall Ave  
 City: Marysville State: MI 48040  
 Date of Inspection 10/22/85 Time of Inspection (from) 10:05 (to) 12:40  
 Person(s) Interviewed Martin Decker Title V.P. Engineering Telephone 313-364-9000

Inspector(s) Kenneth L. Damrel Agency/Title MDNR/HWD/Env. Eng. Telephone 313-459-9180

Installation Activity (mark only one box) Inspection Form(s) -

- ☒ ~~Treatment/Storage/Disposal~~ per 40 CFR §265.1 and/or ~~Generation and/or Transportation~~ A
- ☐ Treatment/Storage/Disposal (No Generation or Transportation) A
- ☐ Generation and Transportation B,C
- ☐ Generation Only B
- ☐ Transportation Only C



INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 351D-3)      Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	—	—	✓	—
b. Facility expansion?	—	—	✓	N/a
c. Change of owner or operator?	—	—	✓	N/a
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	—	✓	—	Unable to locate has safety data
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	✓	—	—	sheets which are adequate to determine flammability
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	—	—	✓	N/a
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	—	—	✓	—
or				
b. i. Artificial or natural barrier around facility?	✓	—	—	—
and				
ii. Controlled entry?	✓	—	—	—
c. Danger sign(s) at entrance?	✓	—	—	—
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	✓	—	—	—

\*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Na
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. the name of the inspector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. a notation of the observations made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ignitable
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

YES NO NI Remarks

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

— ✓ —

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

✓ — —

b. Telephone or 2-way radios  
at the scene of operations?

✓ — —

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

✓ — —

Indicate the volume of water and/or foam available for fire control:

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

✓ — —

b. Is emergency equipment  
maintained in operable  
condition?

✓ — —

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

✓ — —

5. Is there adequate aisle space  
for unobstructed movement?

✓ — —

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

✓ — —

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	✓	—	—	_____
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	✓	—	—	_____
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	✓	—	—	_____
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	✓	—	—	_____
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	✓	—	—	_____
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	✓	—	—	_____

YES NO NI Remarks

3. Emergency Coordinator 265.55

a. Is the facility Emergency Coordinator identified?

✓

b. Is coordinator familiar with all aspects of site operation and emergency procedures?

✓

c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

✓

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

✓

Na

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

	YES	NO	NI	Remarks
<b>** 1. Use of Manifest System 265.71</b>				
a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	_____	_____	_____	_____
b. Are records of past shipments retained for 3 years?	_____	_____	_____	_____
<b>** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72</b>	_____	_____	_____	_____
<b>** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.</b>				
<b>3. Operating Record 265.73</b>				
a. Does the owner or operator maintain an operating record as required in 265.73?	✓	_____	_____	_____
b. Does the operating record contain the following information:				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?	✓	_____	_____	_____
ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	✓	_____	_____	_____
<b>***iii. A map or diagram of each cell or disposal area</b>				

\*\*\* only applies to disposal facilities



YES NO NI Remarks

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

\_\_\_\_ ✓ N/a

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓ \_\_\_\_\_

v. Reports detailing all incidents that required implementation of the Contingency Plan?

\_\_\_\_\_ ✓ \_\_\_\_\_

vi. All closure and ~~post closure~~ costs as applicable?

✓ \_\_\_\_\_

4. Availability of Records 265.74

Are all facility records required under 40 CFR Part 265 available for inspection?

✓ \_\_\_\_\_

5.\*\*Unmanifested Waste Reports 265.76

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

\_\_\_\_\_ ↓ \_\_\_\_\_

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

\_\_\_\_\_  
\_\_\_\_\_

\*\* Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section G - OSURE AND POST CLOSURE (Part 2 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	✓	—	—	_____
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	✓	—	—	_____
ii. maximum hazardous waste inventory?	✓	—	—	_____
iv. estimated year of closure?	✓	—	—	_____
v. schedule of closure activities?	✓	—	—	_____
c. Has closure begun?	—	✓	—	_____
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	—	—	—	_____
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	—	—	—	_____
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	—	—	—	_____
BB. facility monitoring equipment	—	—	—	_____
iii. name, address, and phone number of person or office to contact during post-closure care period?	—	—	—	_____
c. Has the post-closure period begun?	—	—	—	_____
d. Is the written post-closure cost estimate available? 265.144	—	—	✓	_____

\*Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Na
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Na

# Appendix GN

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

## Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>1</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>0</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>0</u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exported
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				

	YES	NO	NI	Remarks
i. Notified the Administrator in writing?	✓	_____	_____	_____
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	✓	_____	_____	_____
iii. Met the Manifest requirements?	✓	_____	_____	_____
b. Importing Hazardous Waste; has the generator met the manifest requirements?	_____	_____	✓	N/a



LES  
11-06-84  
Status 3  
Code X

15500 Sheldon Road  
Northville, MI 48167  
September 6, 1984

~~American Tape Co.~~  
Mr. Martin A. Decker  
V.P. - Engineering  
317 Kendall Avenue  
Marysville, MI 48040

AKZO Chemie America

EPA ID NO.: MID061862926

Dear Mr. Decker:

On September 4, 1984, acting as a representative of the United States Environmental Protection Agency, I performed an inspection of your facility located at 317 Kendall Ave., Marysville, Michigan to evaluate compliance of that facility with the requirements of subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

As a result of that inspection, it has been determined that the above facility is in violation of the requirements of subtitle C of RCRA. Specifically, the following was found:

1. The annual training was not performed as required in 40CFR265.16.
2. No smoking signs should be placed on the storage area fence as required in 40CFR265.17.
3. Some containers were not in good condition as required in 40CFR265.171.
4. Hazardous waste labels should be placed on the waste drums in storage.
5. It is strongly recommended that a containment structure for your storage area be constructed.

You are requested to respond to this letter by October 1, 1984 providing documentation to this office regarding those actions taken to correct these violations. Please send your response to the address in the upper right corner of this letter.

Page 2

Mr. Martin A. Decker

September 6, 1984

If you have any questions regarding this matter, please feel free to contact me at (313) 459-0770.

Sincerely,

HAZARDOUS WASTE DIVISION

Larry AuBuchon

LA/lan

cc: EPA - Detroit District  
Ben Okwunabua

# RCRA Inspection Report

EPA Identification Number: M I D 0 6 1 8 6 2 9 2 6

Installation Name: American Tape Co.

Location Address: 317 Kendall Ave

City: Marysville

State: Michigan 48040

Date of inspection: 9/5/84

Time of inspection (from) 1300 (to) 1515

Person(s) interviewed

Title

Telephone

Martin A. Decker

Vice-President - Eng.

(313) 364-9000

Inspector(s)

L. Auf Bucher

Agency/Title

MDNR - HWD / WQS

Telephone

(313) 459-0770

Installation Activity (mark only one box)

Inspection Form(s)

☒ ~~Treatment/Storage/Disposal~~ per 40 CFR 265.1 and/or  
Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation only

B

☐ Transportation only

C

cc: Company  
EPA  
J. Bohusky

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

### Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)


S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	<u>  </u>	<u>  X  </u>	<u>  </u>	<u>none received</u>
b. Facility expansion?	<u>  </u>	<u>  </u>	<u>  </u>	<u>no expansion</u>
c. Change of owner or operator?	<u>  X  </u>	<u>  </u>	<u>  </u>	<u>(name change only)</u> <u>ref. 3/19/84 to EPA for</u> <u>Jack McLaugh, Alko Chemical</u>
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u>  </u>	<u>  </u>	<u>  </u>	<u>some waste</u>
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u>  </u>	<u>  </u>	<u>  </u>	<u>isopropanol (DQGI)</u> <u>uses safety data sheets</u>
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<u>  </u>	<u>  </u>	<u>  </u>	
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<u>  X  </u>	<u>  </u>	<u>  </u>	
or				
b. i. Artificial or natural barrier around facility?	<u>  X  </u>	<u>  </u>	<u>  </u>	
and				
ii. Controlled entry?	<u>  X  </u>	<u>  </u>	<u>  </u>	
c. Danger sign(s) at entrance?	<u>  X  </u>	<u>  </u>	<u>  </u>	
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<u>  X  </u>	<u>  </u>	<u>  </u>	

\*Not Inspected

YES NO NI Remarks

b. Does the owner or operator have an inspection schedule at the facility?

X — — —

c. If so, does the schedule address the inspection of the following items:

i. monitoring equipment?

— — drum storage leak

ii. safety and emergency equipment?

X — — —

iii. security devices?

X — — —

iv. operating and structural equipment (i.e. dikes, pumps, etc.)?

X — — —

v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?

X — — —

vi. inspection frequency (based upon the possible deterioration rate of the equipment)?

X — — —

d. Are areas subject to spills inspected daily when in use?

X — — —

e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?

X — — —

f. Does the inspection log contain the following information:

i. the date and time of the inspection?

X — — —

ii. the name of the inspector?

X — — —

iii. a notation of the observations made?

X — — —

iv. the date and nature of any repairs or remedial actions?

X — — —

5. Do personnel training records include: 265.16

a. Job titles?

X — — —

b. Job descriptions?

X — — —

	YES	NO	NI	Remarks
c. Description of training?	<u>X</u>	—	—	_____
d. Records of training?	<u>X</u>	—	—	_____
e. Did facility personnel receive the required training by 5-19-81?	<u>X</u>	—	—	_____
f. Do new personnel receive required training within six months?	—	—	<u>X</u>	_____
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	—	<u>X</u>	—	_____
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	—	—	<u>X</u>	_____
b. No smoking signs?	<u>X</u> *	—	—	*Sign should be placed a storage area
c. Separation and protection from ignition sources?	<u>X</u>	—	—	_____

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

— X —

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

X — —

b. Telephone or 2-way radios  
at the scene of operations?

X — —

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

X — —

Indicate the volume of water and/or foam available for fire control:

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

X — —

b. Is emergency equipment  
maintained in operable  
condition?

X — —

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

X — —

5. Is there adequate aisle space  
for unobstructed movement?

X — —

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

X — —



Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	<u>X</u>	—	—	_____
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	<u>X</u>	—	—	_____
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<u>X</u>	—	—	_____
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<u>X</u>	—	—	_____
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	<u>X</u>	—	—	_____
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	<u>X</u>	—	—	_____

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<u>      </u>	<u>      </u>	<u>      </u>	<u>no emergencies</u>

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

YES NO NI Remarks

**\*\* 1. Use of Manifest System 265.71**

a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)

\_\_\_\_ N/A \_\_\_\_\_

b. Are records of past shipments retained for 3 years?

\_\_\_\_ \_\_\_\_\_

**\*\* 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72**

\_\_\_\_ \_\_\_\_\_

**\*\* Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.**

**3. Operating Record 265.73**

a. Does the owner or operator maintain an operating record as required in 265.73?

X \_\_\_\_\_

b. Does the operating record contain the following information:

i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?

X \_\_\_\_\_

ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

X \_\_\_\_\_

**\*\*\*iii. A map or diagram of each cell or disposal area**

**\*\*\* only applies to disposal facilities**

	YES	NO	NI	Remarks
showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	<u>X</u>	_____	_____	_____
iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?	<u>X</u>	_____	_____	_____
v. Reports detailing all incidents that required implementation of the Contingency Plan?	<u>X</u>	_____	_____	_____
vi. All closure <del>and post-closure</del> costs as applicable?	<u>X</u>	_____	_____	_____
4. Availability of Records 265.74				
Are all facility records required under 40 CFR Part 265 available for inspection?	<u>X</u>	_____	_____	_____
5.**Unmanifested Waste Reports 265.76				
a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20. without a manifest or or shipping paper?			<u>N/A</u>	_____
b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.				_____ _____ _____

\*\* Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<u>X</u>	___	___	_____
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<u>X</u>	___	___	_____
ii. maximum hazardous waste inventory?	<u>X</u>	___	___	_____
iv. estimated year of closure?	<u>X</u>	___	___	<u>2001</u>
v. schedule of closure activities?	<u>X</u>	___	___	_____
c. Has closure begun?	___	<u>X</u>	___	_____
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	___	___	<u>N/A</u>	_____
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	___	___	___	_____
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	___	___	___	_____
BB. facility monitoring equipment	___	___	___	_____
iii. name, address, and phone number of person or office to contact during post-closure care period?	___	___	___	_____
c. Has the post-closure period begun?	___	___	___	_____
d. Is the written post-closure cost estimate available? 265.144	___	___	___	_____

\*Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<u>X*</u>	___	___	<u>Containers have sealed</u>
2. Are containers compatible with waste in them? 265.172	<u>X</u>	___	___	<u>plastic liners however a couple of the drums had rusted through on the outer shells.</u>
3. Are containers managed to prevent leaks? 265.173	<u>X</u>	___	___	___
4. Are containers stored closed?	<u>X</u>	___	___	___
5. Are containers inspected weekly for leaks and defects.	<u>X</u>	___	___	___
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<u>X</u>	___	___	___
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	___	___	___	<u>no incompatible waste</u>
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	___	___	___	<u>↓ ↓ ↓</u>

# Appendix GN

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

## Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<u>X</u>			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period.	<u>0</u>			
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				<u>Last shipment 8/20/84</u>
a. Manifest document number?	<u>Y</u>			
b. Name, mailing address, telephone number, and EPA ID number of Generator	<u>X</u>			
c. Name and EPA ID Number of Transporter(s)?	<u>X</u>			
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<u>Y</u>			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u>X</u>			
f. The total quantity of waste(s) and the type and number of containers loaded?	<u>X</u>			
g. Required certification?	<u>X</u>			
h. Required signatures?	<u>X</u>			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment.		<u>0</u>		
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator.		<u>0</u>		

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<u>—</u>	<u>X</u>	<u>—</u>	<u>not ready for shipment</u> ↓ ↓ ↓ ↓
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<u>—</u>	<u>—</u>	<u>—</u>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<u>—</u>	<u>—</u>	<u>X</u>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<u>—</u>	<u>—</u>	<u>—</u>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<u>—</u>	<u>—</u>	<u>—</u>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<u>—</u>	<u>—</u>	<u>—</u>	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<u>—</u>	<u>—</u>	<u>—</u>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<u>—</u>	<u>—</u>	<u>—</u>	<u>same wastes</u>

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<u>X</u>	<u>—</u>	<u>—</u>	
(If answered Yes, complete the following as applicable.)				
a. Exporting Hazardous waste; has a generator:				



YES	NO	NI	Remarks
-----	----	----	---------

- i. Notified the Administrator in writing? X — — notify annually
- ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country? X — — —
- iii. Met the Manifest requirements? X — — —
- b. Importing Hazardous Waste; has the generator met the manifest requirements? — — — no import waste

yes 4-18-83  
looks like a Code - 0  
But they usually have  
letter attached to that fact.

# 1419

RCRA Inspection Report

EPA Identification Number: M I D 0 6 1 8 6 2 9 2 6

Installation Name: Armat Tape Division

Location Address: 317 Kendall Avenue

City: Marysville State: Michigan

Date of inspection: 2/8/83 Time of inspection (from) 0900 (to) 1145

Person(s) interviewed	Title	Telephone
<u>Bruce Rubin</u>	<u>Asst. Industrial Relations Mgr.</u>	<u>(313) 364-9000</u>
<u>Tom Dodd</u>	<u>Operations Mgr.</u>	<u>(313) 364-9000</u>

Inspector(s)	Agency/Title	Telephone
<u>Larry A. Bucha</u>	<u>MDNR/HWD - Water Quality Spec.</u>	<u>(313) 368-3335</u>

Installation Activity (mark only one box) Inspection Form(s)

- |   |      |
|---|------|
| <input checked="" type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A    |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation)                                   | A    |
| <input type="checkbox"/> Generation and Transportation  | B, C |
| <input type="checkbox"/> Generation only  | B    |
| <input type="checkbox"/> Transportation only  | C    |

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

### Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
TD4	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>none received</u>
b. Facility expansion?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>No expansion</u>
c. Change of owner or operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>no change - company still up for sale</u>
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>yes</u> <u>uses chemical data sheet</u> <u>disposes material with water</u>
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>No change in waste character</u>
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>transporter samples</u>
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>daily</u>

\*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>daily</u>
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Visual inspection</u>
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. the name of the inspector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. a notation of the observations made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document training individual record
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

YES NO NI Remarks

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

\_\_\_ ✓ \_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

✓ \_\_\_

b. Telephone or 2-way radios  
at the scene of operations?

✓ \_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

✓ \_\_\_

Indicate the volume of water and/or foam available for fire control:

CO<sub>2</sub> Bottles, portable dry chemical fire extinguishers  
mobile units

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

✓ \_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

✓ \_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

✓ \_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

✓ \_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

✓ \_\_\_

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no emergency occurred relating to HW

Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

	YES	NO	NI	Remarks
<b>** 1. Use of Manifest System 265.71</b>				
a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are records of past shipments retained for 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>** 2. Does the owner or operator meet requirements regarding manifest discrepancies? 265.72</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.</b>				
<b>3. Operating Record 265.73</b>				
a. Does the owner or operator maintain an operating record as required in 265.73?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the operating record contain the following information:				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
***iii. A map or diagram of each cell or disposal area				

\*\*\* only applies to disposal facilities

YES NO NI Remarks

showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

v. Reports detailing all incidents that required implementation of the Contingency Plan?

vi. All closure and post closure costs as applicable?

4. Availability of Records 265.74

Are all facility records required under 40 CFR Part 265 available for inspection?

5.\*\*Unmanifested Waste Reports 265.76

a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?

b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

\*\* Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	N/A			
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	_____
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	_____

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 manifest since 8/20/82
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment.				0
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator.				0

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	—	—	✓	waste not properly packaged
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	—	—	✓	waste not properly packaged
3. If required, are placards available to transporters of hazardous waste? 262.33	—	—	✓	Placards should be available to transport
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	—	—	—	—
b. Have more than 90 days elapsed since the date inspected in (a)?	—	—	—	—
c. Do wastes remain in accumulation tanks for more than 90 days?	—	—	—	—
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	—	—	—	—

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	✓	—	—	was chemical data sheets - waste doesn't change

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	✓	—	—	—
--	---	---	---	---

(If answered Yes, complete the following as applicable.)

- a. Exporting Hazardous waste; has a generator:

	YES	NO	NI	Remarks
i. Notified the Administrator in writing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Met the Manifest requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Importing Hazardous Waste; has the generator met the manifest requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A



EP 22 198



# 835

GES

11/1/82

EPA ID # M1D061862926

September 21, 1982

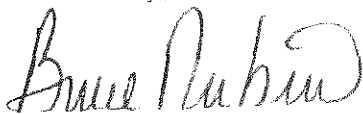
Department of Natural Resources  
Air Quality Division  
2455 N. Williams Lake Road  
Pontiac, Michigan 48054

Dear Andrea Stewart,

Armak Company Tape Division is now in compliance with Section 40 CFR 265.73. A RCRA Hazardous Waste Inspection Report File has been developed. The file has been supplied with data from November, 1980 to the present.

Please review the enclosures, which are excerpts from the file. The entire file may be reviewed at your convenience. Your visit was most pleasurable and informative.

Sincerely,

A handwritten signature in cursive script that reads "Bruce Rubin".

Bruce J. Rubin  
Assistant Industrial Relations Manager

BJR/ct

cc: T. Dodd

RECEIVED

SEP 28 1982

ACT 63

317 KENDALL AVENUE  
MARYSVILLE, MICHIGAN 48040  
313 364-9000  
TWX 810-231-5250

HAZARDOUS WASTE STORAGE  
DRUM CONTENTS TAGS

Original Tag No.	Empty Tag No.	
0001 (11-18-80)	0036 (12-18-80)	Drum disposed of on 6-11-82
0002 (11-18-80)	0037 (12-18-80)	Put back into service 6-16-81
0003 (11-18-80)	0038 (12-18-80)	Put back into service 3-2-81
0004 (11-18-80)	0039 (12-18-80)	Drum disposed of on 6-11-82
0005 (11-18-80)	0040 (12-18-80)	Put back into service 9-8-82
0006 (11-18-80)	0041 (12-18-80)	Drum disposed of on 6-11-82
0007 (11-18-80)	0042 (12-18-80)	Drum disposed of on 6-11-82
0008 (11-18-80)	0043 (12-18-80)	Drum disposed of on 6-11-82
0009 (11-18-80)	0044 (12-18-80)	Put back into service 6-16-81
0010 (11-18-80)	0045 (12-18-80)	Drum disposed of on 6-11-82
0011 (11-18-80)	0046 (12-18-80)	Put back into service 7-20-82
0012 (11-18-80)	0047 (12-18-80)	Drum disposed of on 6-5-82
0013 (11-18-80)	0048 (12-18-80)	Drum disposed of on 7-29-82
0014 (11-18-80)	0049 (12-18-80)	Drum disposed of on 6-21-82
0015 (11-18-80)	0050 (12-18-80)	Drum disposed of on 9-7-82
0016 (11-18-80)	0051 (12-18-80)	Drum disposed of on 6-29-82
0017 (11-18-80)	0052 (12-18-80)	Put back into service 5-17-82

HAZARDOUS WASTE STORAGE  
DRUM CONTENTS TAGS

Original Tag No.	Empty Tag No.	
0018 (11-18-80)	0053 (12-18-80)	Put back into service 12-18-80
0019 (11-18-80)	0054 (12-18-80)	Drum disposed of on 6-21-82
0020 (11-18-80)	0055 (12-18-80)	Put back into service 5-17-82
0021 (11-18-80)	0028 (12-5-80)	Drum disposed of on 6-21-82
0022 (11-18-80)	0030 (12-9-80)	This drum disposed of (no ticket on drum and no date of disposal)
0023 (11-18-80)	0149 (3-26-81)	Drum disposed of on 6-24-82
0024 (11-18-80)	0031 (12-16-80)	Drum disposed of on 6-21-82
0025 (11-18-80)	0034 (3-23-81)	Drum disposed of on 9-7-82
0026 (11-18-80)	0033 (3-26-81)	Drum disposed of on 6-24-82
0027 (11-18-80)	0029 (12-8-80)	This drum disposed of (no ticket on drum and no date of disposal)
0035 (12-17-80)	0056 (12-18-80)	Put back into service 12-18-80
0057 (12-22-80)	0095 (6-25-81)	Put back into service 7-27-82
0058 (12-23-80)	0108 (6-25-81)	
0059 (12-23-80)	0086 (6-25-81)	Put back into service 5-17-82
0060 (1-17-81)	0106 (6-25-81)	
0061 (1-28-81)	0105 (6-25-81)	Drum disposed of on 7-29-82
0062 (1-28-81)	0104 (6-25-81)	Drum disposed of on 7-29-82

HAZARDOUS WASTE STORAGE  
DRUM CONTENTS TAGS

Original Tag No.	Empty Tag No.	
0063 (2-4-81)	0102 (6-25-81)	Drum disposed of on 6-10-82
0064 (2-19-81)	0097 (6-25-81)	Drum disposed of on 6-24-82
0065 (2-19-81)	0099 (6-25-81)	
0066 (2-29-81)	0098 (6-25-81)	Drum disposed of on 7-29-82
0067 (3-20-81)	0096 (6-25-81)	Drum disposed of on 6-27-81
0068 (3-20-81)	0094 (6-25-81)	Drum disposed of on 6-24-82
0069 (3-29-81)	0093 (6-25-81)	Drum disposed of on 6-29-82
0070 (3-29-81)	0092 (6-25-81)	Drum disposed of on 6-29-82
0071 (4-3-81)	0085 (6-25-81)	Drum disposed of on 6-27-81
0072 (4-22-81)	0087 (6-25-81)	
0073 (4-22-81)	0089 (6-25-81)	
0074 (5-4-81)	0088 (6-25-81)	
0075 (5-7-81)	0090 (6-25-81)	Drum disposed of on 9-7-82
0076 (5-11-81)	0091 (6-25-81)	
0077 (5-22-81)	0113 (7-31-81)	
0125 (5-22-81)		This drum was #0078 and changed due to missing original ticket
0079 (5-22-81)		
0080 (5-28-81)	0101 (6-25-81)	Put back into service 4-20-82
0081 (5-28-81)	0103 (6-25-81)	Put back into service 9-8-82

HAZARDOUS WASTE STORAGE  
DRUM CONTENTS TAGS

Original Tag No.	Empty Tag No.	
0082 (5-28-81)	0100 (6-25-81)	Drum disposed of on 6-29-82
	0083	Drum disposed of on 5-29-81 (triple rinsed) employee has it at home
0084 (6-7-81)	0107 (6-25-81)	Drum disposed of on 6-21-82
0109 (6-25-81)	0111 (6-25-81)	
0110 (6-25-81)	0112 (6-25-81)	Put back into service 7-27-82
0115 (9-30-81)		Contents and drum disposed of 8-20-82
0116 (12-23-81)		Contents and drum disposed of 8-20-82
0117 (12-23-81)		Contents and drum disposed of 8-20-82
0118 (1-11-82)	0129 (8-20-82)	
0119 (1-11-82)		Contents and drum disposed of 8-20-82
0120 (1-11-82)	0130 (8-20-82)	
0121 (2-15-82)	0131 (8-20-82)	
0122 (3-16-82)	0133 (8-20-82)	
0123 (6-6-82)	0134 (8-20-82)	
0124 (6-6-82)		Contents and drum disposed of 8-20-82
0126 (9-21-81)	0132 (8-20-82)	
0127 (7-20-82)	0136 (8-30-82)	
0128 (7-29-82)	0135 (8-20-82)	
0137 (8-30-82)		

DATE: 11-18-80 BY: GMH

QUANTITY: \_\_\_\_\_ (lbs.) 50 (gals.)

CONTENTS: ISOPROPANOL AND QUILON

COMMENTS: 12-18-80 now empty N<sup>o</sup> 0039

5-11-82 This drum was disposed of

EPA I.D. NO: MID 061 862 926

N<sup>o</sup> 0004

### DRUM CONTENTS TAG

DATE: 11-18-80 BY: GMH

QUANTITY: \_\_\_\_\_ (lbs.) 50 (gals.)

CONTENTS: ISOPROPANOL AND QUILON

COMMENTS: 12-18-80 now empty N<sup>o</sup> 0040

EPA I.D. NO: MID 061 862 926

N<sup>o</sup> 0005

### DRUM CONTENTS TAG

DATE: 11-18-80 BY: GMH

QUANTITY: \_\_\_\_\_ (lbs.) 50 (gals.)

CONTENTS: ISOPROPANOL AND QUILON

COMMENTS: 12-18-80 now empty # 0041

6-11-82 This drum disposed of

EPA I.D. NO: MID 061 862 926

N<sup>o</sup> 0006

Conditions

## I. Leaks &amp; Spills

- A. Area outside the fence free of apparent leaks from drums. ✓
- B. No apparent leaks from drums ✓

## II. Emergency Equipment

- A. Fire extinguishers on location ✓
- B. Fire extinguishers operable ✓
- C. Hose lines in good condition ✓
- D. 1000# of absorbant material in proper storage location ✓
- E. Emergency spill containment and clean up equipment all accounted for, stored neatly and clean ✓

## III. Storage &amp; Security

- A. Hazardous materials are stored in 55 gallon drums and are palletized. ✓
- B. Stored in a neat, orderly manner. ✓
- C. Area is clean and free of debris ✓
- D. Fence is in good repair and locked. ✓
- E. Warning signs are in place ✓
- F. Drums that are rusting (include Drum No.) ✓
- G. Drums that are leaking (include Drum No. ) 0
- H. Drum tickets are legible, accessable & affixed. ✓
- I. Total number of drums full 13
- J. Total number of drums empty 21

0900

Time

7-1-82

Date

F. C. Piretti  
Signature



## NATURAL RESOURCES COMMISSION

JACOB A. HOEFER  
E. M. LAITALA  
HILARY F. SNELL  
PAUL H. WENDLER  
HARRY H. WHITELEY  
JOAN L. WOLFE  
CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

## DEPARTMENT OF NATURAL RESOURCES

HOWARD A. TANNER, Director

2455 N. Williams Lake Road  
Pontiac, Michigan 48054

September 16, 1982

Amak Tape Division  
317 Kendall Avenue  
Marysville, Michigan 48040

Attention: Mr. Tom Dodd

Gentlemen:

On September 7, 1982 staff of the Department of Natural Resources conducted an investigation of your facility located at 317 Kendall Avenue in Marysville, Michigan to evaluate compliance of that facility with requirements of subtitle C of the Resource Conservation and Recovery Act (RCRA) as amended.

As a result of that investigation, staff of the Department of Natural Resources have determined that the above facility is in violation of the requirements of subtitle C of RCRA. Specifically, staff found that:

1. No operating record was available as required per 40 CFR 265.73.

We request that you respond to this letter by September 30, 1982 providing documentation to this office regarding those actions taken to correct these violations.

If you have any questions regarding this matter, please feel free to contact me at (313) 666-2700.

Sincerely,

Andrea Stewart  
Resource Specialist  
Air Quality Division

AS:mh

cc: Al Howard, OHWM

#A-6260

RECEIVED

SEP 20 1982

AC. 11

EPA  
#835  
yes  
9/30/82



## RCRA Inspection Report

985  
#835EPA Identification Number: M I D 0 6 1 8 6 2 9 2 6Installation Name: ARMAK TAPE DIVISIONLocation Address: 317 KENDALL AVENUECity: MARYSVILLE State: MICHIGANDate of inspection: 9/07/82 Time of inspection (from) 9:00AM (to) 10:30A.M.

Person(s) interviewed

Title

Telephone

TOM DODDOPERATIONS MGR.(313) 364-9000BRUCE RUBINASST. INDUSTRIAL  
RELATIONS MGR.(313) 364-9000

Inspector(s)

Agency/Title

Telephone

ANDREA STEWARTMDNR - AIR QUALITY(313) 666-2700Installation Activity (mark only one box)Inspection Form(s)☒ Treatment/Storage/Disposal per 40 CFR 265.1 and/or  
Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation only

B

☐ Transportation only

C

RECEIVED

SEP 20 1982

# INSPECTION FORM A

## Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)      Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
S04	<input type="checkbox"/>	storage in surface impoundment	K,F
T02	<input type="checkbox"/>	treatment in surface impoundment	K,F
D83	<input type="checkbox"/>	disposal in surface impoundment	K,F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M,F
D80	<input type="checkbox"/>	disposal in landfill	N,F
T03	<input type="checkbox"/>	treatment by incineration	O/P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	___	___	✓	NO WASTE RECEIVED FROM OFF-SITE
b. Facility expansion?	___	___	✓	NO FACILITY EXPANSION
c. Change of owner or operator?	___	___	✓	NO CHANGE OF O/O BUT PLANT IS FOR SALE
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	✓	___	___	
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	___	___	✓	WASTE COMPOSITION DOES NOT CHANGE
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	___	___	✓	TRANSPORTER SAMPLES EACH SHIPMENT AND COMPARES TO INITIAL ANALYSIS
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	✓	___	___	
or				
b. i. Artificial or natural barrier around facility?	✓	___	___	
and				
ii. Controlled entry?	___	___	✓	
c. Danger sign(s) at entrance?	✓	___	___	
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	✓	___	___	WEEKLY

\*Not Inspected

	YES	NO	NI	Remarks
b. Does the owner or operator have an inspection schedule at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If so, does the schedule address the inspection of the following items:				
i. monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DRUM STORAGE ONLY</u>
ii. safety and emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. operating and structural equipment (i.e. dikes, pumps, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. inspection frequency (based upon the possible deterioration rate of the equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are areas subject to spills inspected daily when in use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the inspection log contain the following information:				
i. the date and time of the inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. the name of the inspector?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. a notation of the observations made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. the date and nature of any repairs or remedial actions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do personnel training records include: 265.16				
a. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NI	Remarks
c. Description of training?	<u>✓</u>	_____	_____	_____
d. Records of training?	<u>✓</u>	_____	_____	_____
e. Did facility personnel receive the required training by 5-19-81?	<u>✓</u>	_____	_____	_____
f. Do new personnel receive required training within six months?	<u>✓</u>	_____	_____	_____
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<u>✓</u>	_____	_____	_____
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<u>✓</u>	_____	_____	_____
b. No smoking signs?	<u>✓</u>	_____	_____	_____
c. Separation and protection from ignition sources?	<u>✓</u>	_____	_____	_____

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation  
of Facility: 265.31

Is there any evidence of fire,  
explosion, or release of  
hazardous waste or hazardous  
waste constituent?

YES NO NI Remarks

\_\_\_ ☒ \_\_\_

2. If required, does the facility  
have the following equipment: 265.32

a. Internal communications or  
alarm systems?

☒ \_\_\_

b. Telephone or 2-way radios  
at the scene of operations?

☒ \_\_\_

c. Portable fire extinguishers,  
fire control, spill control  
equipment and decontamination  
equipment?

☒ \_\_\_

Indicate the volume of water and/or foam available for fire control:

3 15-LB. CO<sub>2</sub> BOTTLES; 1 PORTABLE DRY CHEMICAL FIRE  
EXTINGUISHER

3. Testing and Maintenance of  
Emergency Equipment: 265.33

a. Has the owner or operator  
established testing and  
maintenance procedures  
for emergency equipment?

☒ \_\_\_

b. Is emergency equipment  
maintained in operable  
condition?

☒ \_\_\_

4. Has owner or operator provided  
immediate access to internal  
alarms? (if needed) 265.34

\_\_\_ ☒ \_\_\_

5. Is there adequate aisle space  
for unobstructed movement?

☒ \_\_\_

6. Has the owner or operator attempted  
to make arrangements with local  
authorities in case of an emergency  
at the facility?

☒ \_\_\_ MARYSVILLE FIRE DEPT.

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

	YES	NO	NI	Remarks
1. Does the Contingency Plan contain the following information: 265.52				
a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	✓			
b. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	✓			
c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	✓			
d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	✓			
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)	✓			
2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53	✓			

	YES	NO	NI	Remarks
3. Emergency Coordinator 265.55				
a. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOM DODD
b. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Emergency Procedures 265.56				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO EMERGENCY SITUATION HAS OCCURRED



Section E: MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING: (Part 265 Subpart E)

	YES	NO	NI	Remarks
<b>** 1. Use of Manifest System    265.71</b>				
a. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	_____	_____	_____	_____
b. Are records of past shipments retained for 3 years?	_____	_____	_____	_____
<b>** 2. Does the owner or operator meet requirements regarding manifest discrepancies?    265.72</b>	_____	_____	_____	_____
<b>** Not applicable to owners or operators of on-site facilities that do not receive any waste from off-site sources.</b>				
<b>3. Operating Record    265.73</b>				
a. Does the owner or operator maintain an operating record as required in 265.73?	_____	✓	_____	_____
b. Does the operating record contain the following information:				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265 Appendix I?	_____	_____	✓	_____
ii. The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	_____	_____	✓	_____
<b>***iii. A map or diagram of each cell or disposal area</b>				

\*\*\* only applies to disposal facilities

	YES	NO	NI	Remarks
showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	_____	_____	_____	_____
iv. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?	_____	_____	<u>✓</u>	_____
v. Reports detailing all incidents that required implementation of the Contingency Plan?	_____	_____	<u>✓</u>	_____
vi. All closure and post closure costs as applicable?	_____	_____	<u>✓</u>	_____
4. Availability of Records      265.74				
Are all facility records required under 40 CFR Part 265 available for inspection?	_____	<u>✓</u>	_____	_____
5.**Unmanifested Waste Reports      265.76				
a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 without a manifest or or shipping paper?	_____	_____	_____	_____
b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.	_____	_____	_____	_____

\_\_\_\_\_  
 \*\* Not applicable to owners or operators of on-site facilities that do not receive any hazardous from off-site sources.

Section G - CLOSURE AND POST CLOSURE (Part 265 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
iv. estimated year of closure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\*Applies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NO INCOMPATIBLE WASTES</u>
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NO INCOMPATIBLE WASTES</u>

# Appendix GN

## Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

## Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>1</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DDT shipping name, DOT hazard class, DDT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>          </u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (4D CFR 262.42) to the Regional Administrator. <u>          </u>				

Section C: PRE-TRANSPORT REQUIREMENTS (Part 262, Subpart C)

	YES	NO	NI	Remarks
1. Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required for movement of hazardous waste off-site) 262.31 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If required, are placards available to transporters of hazardous waste? 262.33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. On-site accumulation of generated hazardous wastes. A HWMF may accumulate hazardous waste it generates either (A) in its storage facility [265.1(b)] or (B) in accordance with 40 CFR 262.34 [see 265.1(c)(7)]. Option B restricts all accumulation to tanks and containers. If the installation elects option A, check this box <input checked="" type="checkbox"/> and skip to Section D. If the installation elects option B, complete the following observations: See 40 CFR 262.34 January 11, 1982 Revision				
a. Is each container clearly marked with the start of accumulation date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have more than 90 days elapsed since the date inspected in (a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do wastes remain in accumulation tanks for more than 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: - RECORDKEEPING AND REPORTING (Part 262, Subpart D)

	YES	NO	NI	Remarks
1. Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: - INTERNATIONAL SHIPMENTS (Part 262, Subpart E)

1. Has the installation imported or exported Hazardous Waste? 262.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	-------------------------------------	--------------------------	--------------------------	--

(If answered Yes, complete the following as applicable.)

- a. Exporting Hazardous waste; has a generator:

	YES	NO	NI	Remarks
i. Notified the Administrator in writing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Met the Manifest requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Importing Hazardous Waste; has the generator met the manifest requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NO WASTE IS IMPORTED</u>



June 2, 1981

Mr. Ralph Feeney  
U.S. Environmental Protection Agency  
Region No. 5  
230 South Dearborn Street  
Chicago, Il. 60604

Dear Mr. Feeney,

Armak Company - Tape Division has taken the steps necessary to implement the changes and additions to our "RCRA" Contingency Plan, in response to your phone call of May 22, 1981.

Attached, please find an excerpt from the Contingency Plan that deals with the storage of hazardous waste material. Armak Company is convinced that our current Plan exercises extreme care in the handling of such waste material and it's subsequent storage and/or disposal. Therefore, there should be no need for further chemical analysis at this time.

Training in the area of hazardous waste management, spill prevention and containment, and emergency response preparedness was given to some 60 hourly and salaried employees on May 14 and 15, 1981. Such training was, and in the future will be, documented on specific "RCRA" training forms, a copy of which is attached. The forms are kept on file in the Industrial Relations Department.

Armak Company's Contingency Plan was disseminated to seven agencies or facilities in the immediate area which could play an important part should our plan have to be utilized. The Contingency Plan was given to the following agencies via a personal visit to such agency accompanied with a short dissertation dealing with the scope of the program:

317 KENDALL AVENUE  
MARYSVILLE, MICHIGAN 48040  
313 364-9000  
TWX 810-231-5250



St. Clair County Department of Civil Defense  
Port Huron Police Department  
Marysville Police Department  
Port Huron Fire Department  
Marysville Fire Department  
Port Huron Hospital  
Mercy Hospital

Please find the attached sample letter, which was completed by the Department head of all of the above agencies signifying the receipt of Armak Company's Contingency Plan. Such letters are kept on file in the Industrial Relations Department.

Please address future questions or communication that deal with the Resource Conservation Recovery Act to: Mr. Thomas Edie, Operations Manager, Primary Emergency Coordinator. Mr. Al Wilson, Engineering Department, Mr. Bruce Rubin, Industrial Relations Department.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bruce J. Rubin". The signature is fluid and cursive, with the first name "Bruce" being more prominent.

Bruce J. Rubin  
Assistant Industrial Relations Department

BJR/ct

cc: J. McVaugh  
M. Tehrani

MAY 27 1981

5EWHME

Thomas Edie  
Arnak - Tape Division  
317 Kendall Avenue  
Marysville, Michigan 48040

Re: Arnak - Tape Division  
Marysville, Michigan  
MID061862926

Dear Mr. Edie:

Representatives of the Michigan Department of Natural Resources (MDNR) inspected your facility on March 6, 1981. As discussed in a telephone conversation on May 22, 1981, between you and Ralph Feeney of my staff, a copy of the inspection report is forwarded for your information.

If you have any questions concerning this inspection report, please contact Ralph Feeney of the Water & Hazardous Materials Compliance Section at (312) 353-2114.

Very truly yours,

Arnold E. Leder, Chief  
Compliance Section  
Water & Hazardous Materials  
Enforcement Branch

Enclosure

cc: Delbert Rector, Chief  
Environmental Services Division  
Michigan Department of Natural Resources

bcc: Constantelos/Klepitsch  
Boyle  
Baumgartner/Lewis  
Feeney  
Marwan Khuri (MDNR)  
Chuck Bikfalvy (MDNR)

027

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form 1 - General Facility Standards

122.7(i)

I. General Information:  
(265.74)

(A) Facility Name: Armak Tape Division  
(B) Street: 317 Kendall Avenue  
(C) City: Marysville (D) State: Michigan (E) Zip Code: 48040  
(F) Phone: 313-364-9000 (G) County: St. Clair  
(H) Operator: Tim Carlson  
(I) Street: 317 Kendall Avenue  
(J) City: Marysville (K) State: Michigan (L) Zip Code: 48040  
(M) Phone: 313-364-9000 (N) County: St. Clair  
(O) Owner: Armak Company  
(P) Street: 300 S. Wacker Drive  
(Q) City: Chicago (R) State: Illinois (S) Zip Code: 60606  
(T) Phone: 312-786-0400 (U) County: \_\_\_\_\_  
\_\_\_\_\_ Federal \_\_\_\_\_ Municipal X Private  
(V) Type of Ownership: \_\_\_\_\_ State \_\_\_\_\_ County  
(W) Date of Inspection: 3/6/81 (Q) Time of Inspection (From) 10:00 A.M. (To) \_\_\_\_\_  
(X) Weather Conditions: Overcast, some snow, wind N.E. at approximately 15 mph.

(Y) Person(s) Interviewed	Title	Telephone
<u>Tim J. Carlson</u>	<u>Operations Manager</u>	<u>313-364-9000</u>
<u>Albert C. Wilson</u>	<u>Junior Project Engineer</u>	<u>313-364-9000</u>
_____	_____	_____
(Z) Inspection Participants	Title	Telephone
<u>Marwan Khuri</u>	<u>Environmental Engineer</u>	<u>313-666-2700</u>
<u>Chuck Bikfalvy</u>	<u>Water Quality Specialist</u>	<u>313-379-9692</u>
_____	_____	_____

## II. Description of Site Activity

- |   |  |
|---|--|
| (A) <u>  X  </u> Generator (Form 2)                                       | (B) <u>      </u> Transporter (Form 3)       |
| (C) <u>      </u> Chemical, Physical<br>and Biological Treatment (Form 4) | (D) <u>  X  </u> Storage (Form 5)            |
| (E) <u>      </u> Landfill (Form 6)                                       | (F) <u>      </u> Incineration (Form 7)      |
| (G) <u>      </u> Land Treatment (Form 4)                                 | (H) <u>      </u> Thermal Treatment (Form 7) |

(I) Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

	Yes	No	Not Inspected	See Remark Number
(J) Has this facility Submitted a Part A Permit Application? 122.4	<u>  X  </u>	<u>      </u>	<u>      </u>	<u>      </u>

	Yes	No	Not Inspected	See Remark Number
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source? 265.12(a)	<u>          </u>	<u>  X  </u>	<u>          </u>	<u>          </u>
2. Transfer of Ownership? 265.12(b)	<u>          </u>	<u>  X  </u>	<u>          </u>	<u>          </u>
(B) General Waste Analysis:				
1. Has the owner <sup>or</sup> operator obtained a detailed chemical and physical analysis of the waste? 265.13(a)	<u>          </u>	<u>  X  </u>	<u>          </u>	<u>  1  </u>
2. Does the owner <sup>or</sup> operator have a detailed waste analysis plan on file at the facility? 265.13(b)	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? 265.13(c)	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>  2  </u>
(C) Security - Do security measures include: 265.14				
1. 24-Hour Surveillance? 265.14(b)1	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
2. Artificial or Natural Barrier Around Facility? 265.14(b)2	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
3. Controlled Entry? 265.14(b)2ii	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
4. Danger Sign(s) at Entrance? 265.14(c)	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
(D) Do Owner <sup>or</sup> Operator Inspections Include: 265.15				
1. Records of Malfunctions? 265.15(a)1	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
2. Records of Operator Error? 265.15(a)1	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
3. Records of Discharges? 265.15(a)1	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
4. Inspection Schedule? 265.15(a)4	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
5. Safety, Emergency Equipment? 265.15(b)1	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
6. Security Devices? 265.15(b)1	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
7. Operating and Structural Devices? 265.15(b)1	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>
8. Inspection Log? 265.15(d)	<u>  X  </u>	<u>          </u>	<u>          </u>	<u>          </u>

### III. GENERAL FACILITY STANDARDS - CONTINUED

	Yes	No	Not Inspected	See Remark Number
(E) Do Personnel Training Records Include: 265.16(d)				
1. Job Titles?	<u>          </u>	<u>          </u>	<u>     X     </u>	<u>     3     </u>
2. Description of Training?	<u>          </u>	<u>          </u>	<u>     X     </u>	<u>     3     </u>
3. Records of Training?	<u>          </u>	<u>          </u>	<u>     X     </u>	<u>     3     </u>
Is Personnel Training Completed within the Required Time Frame?	<u>          </u>	<u>          </u>	<u>     X     </u>	<u>     3     </u>
(F) Are the Following Special Requirements for Ignitable, Reactive, or Incompatible Wastes Addressed? 265.17				
1. Special Handling?	<u>     X     </u>	<u>          </u>	<u>          </u>	<u>          </u>
2. No Smoking Signs?	<u>     X     </u>	<u>          </u>	<u>          </u>	<u>          </u>
3. Separation and Confinement?	<u>     X     </u>	<u>          </u>	<u>          </u>	<u>          </u>

### IV. PREPAREDNESS AND PREVENTION - 265 Subpart C

(A) Maintenance and Operation of Facility:

1. Is there any evidence of fire, Explosion, or release of hazardous waste or hazardous waste constituent?

     X                                 4     

265.31

(B) Does the Facility have the Following Equipment:  
265.32

1. Alarm System?  
265.32(a)
2. Telephone or 2-Way Radios?  
265.32(b)
3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

     X                                      

     X                                      

     X                                      

265.32(c) Indicate the volume of water and/or foam available for fire control;  
265.32(d)

Units: Water: 2500 gal/min. pump

Foam: portable units foam extinguishers

They also have CO extinguishers

	Yes	No	Not Inspected	See Remark Number
(C) Testing and Maintenance of Emergency Equipment: 265.33 Recordkeeping required under 265.15(b)1				
1. Has the Owner or Operator established Testing and Maintenance Procedures for Emergency Equipment?	<u>X</u>	<u>          </u>	<u>          </u>	<u>5</u>
2. Is Emergency Equipment Maintained in Operable Conditions?	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
(D) Has Owner <sup>or</sup> Operator Provided Immediate Access to Internal Alarms (if needed)? 265.34	<u>X</u>	<u>          </u>	<u>          </u>	<u>6</u>
(E) Is there Adequate Aisle Space for Unobstructed Movement? 265.35	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
(F) Are Arrangements with Local Authorities Included in the Operating Record? 265.37	<u>X</u>	<u>          </u>	<u>          </u>	<u>7</u>

V . CONTINGENCY PLAN AND EMERGENCY PROCEDURES - 265 Subpart D

(A) Does the Contingency Plan Contain the Following Information:

1. The actions facility personnel must take to comply with §264.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part.)
2. Arrangements agreed to by Local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>X</u>	<u>          </u>	<u>7</u>

	Yes	No	Not Inspected	See Remark Number
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators? 265.52(d)	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities? 265.52(e)	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes;) 265.52(f)	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
(B) Are copies of Contingency Plan Available at Site and local Emergency Organizations? 265.53	<u>X</u>	<u>          </u>	<u>          </u>	<u>8</u>
(C) Emergency Coordinator 265.55				
1. Is the facility Emergency Coordinator identified?	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
2. Is Coordinator Familiar with all aspects of site operation and emergency procedures?	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>X</u>	<u>          </u>	<u>          </u>	<u>9</u>
(D) Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency procedures listed in <u>256.56</u> ?	<u>          </u>	<u>X</u>	<u>          </u>	<u>          </u>



VI . MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING -265 Subpart E

	Yes	No	Not Inspected	See Remark Number
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each Manifest?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
2. Are records of past shipments retained for 3 years? 265.71(5)	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(B) Does the owner or operator meet requirements regarding Manifest Discrepancies? 265.72	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(C) Operating Record				
Does the facility maintain an operating record at the site as required in §265.73?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(D) Availability, Retention and Disposition of Records				
Are all records available at the site for inspection as required in §265.74?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>

VII . CLOSURE AND POST CLOSURE - 265 Subpart G and H

(A) Closure and Post Closure				
1. Closure Plan Available for Inspection by May 19, 1981? 265.112(a)	<u>      </u>	<u>      </u>	<u>X</u>	<u>10</u>
2. Has this plan been submitted to the Regional Administrator? 265.112(c)	<u>      </u>	<u>      </u>	<u>X</u>	<u>10</u>
3. Has Closure begun? 265.112(c)	<u>      </u>	<u>      </u>	<u>X</u>	<u>10</u>
4. Is closure cost estimate available by May 19, 1981? 265.142	<u>      </u>	<u>      </u>	<u>X</u>	<u>10</u>
(B) Post Closure Care and Use of Property - Has the Owner, Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)? 265.117	<u>      </u>	<u>      </u>	<u>X</u>	<u>10</u>

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
Form 2 - Generator Inspection  
262

I. General Information:

(A) Installation Name: Armak Tape Division  
(B) Street: 317 Kendall Avenue  
(C) City: Marysville (D) State: Michigan (E) Zip Code: 48040  
(F) Phone: 313-364-9000 (G) County: St. Clair

(H) Operator: Tim Carlson  
(I) Street: 317 Kendall Avenue  
(J) City: Marysville (K) State: Michigan (L) Zip Code: 48040  
(M) Phone: 313-364-9000 (N) County: St. Clair

(O) Owner: Armak Company  
(P) Street: 300 S. Wacker Drive  
(Q) City: Chicago (R) State: Illinois (S) Zip Code: 60606  
(T) Phone: 312-786-0400 (U) County: \_\_\_\_\_

\_\_\_\_\_ Federal \_\_\_\_\_ Municipal X Private  
(V) Type of Ownership: \_\_\_\_\_ State \_\_\_\_\_ County

(W) Date of Inspection: 3/6/81 Time of Inspection (From) 10:00 A.M. (To) \_\_\_\_\_

(X) Weather Conditions: Overcast, some snow, Wind N.E. at approximately 15 mph.

(Y) Person(s) Interviewed

Tim J. Carlson

Albert C. Wilson

Title

Operations Manager

Junior Project Engineer

Telephone

313-364-9000

313-364-9000

(Z) Inspection Participants

Marwan Khuri

Chuck Bikfalvy

Title

Environmental Engineer

Water Quality Specialist

Telephone

313-666-2700

313-379-9692

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

(A)        Transporter (Form 3)

(B)        Chemical, Physical and  
Biological Treatment (Form 4)

(C)   X   Storage (Form 5)

(D)        Landfill (Form 6)

(E)        Incineration (Form 7)

(F)        Thermal Treatment (Form 7)

(G) Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

### III. MANIFEST

	Yes	No	Not Inspected	See Remark Number
(A) Are copies of the Manifest available? 262.23(a)3	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(B) Does the Manifest contain the following information:				
1. Manifest document number? 262.21(a)1	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
2. Name, mailing address, telephone number, and EPA ID Number of Generator? 262.21(a)2	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
3. Name and EPA ID Number of Transporter(s)? 262.21(a)3	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility? 262.21(a)4	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)? 262.21(a)5 DOT information in CFR 49 172.101, 172.202 and 172.203	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
6. The total quantity of waste(s) and the type and number of containers loaded? 262.21(a)6	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
7. Required Certification? 262.21(b)	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
8. Required Signatures? 262.23(a)1	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(C) Does the Owner or Operator Submit Exception Reports when Needed? 262.42	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>

### IV. PRE-TRANSPORT REQUIREMENTS - 262 Subpart C

(A) Is Generator Packaging waste in accordance with DOT Regulations? 262.30 49 CFR Parts 173.178 and 179	<u>      </u>	<u>X</u>	<u>      </u>	<u>11</u>
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials? 262.31 49 CFR Part 172	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(C) If required, are placards available to transporter? 262.33 49 CFR Part 172 Subpart F	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>

(b) Pre-shipment Accumulation:

	Yes	No	Not Inspected	See Remark Number
1. Are containers marked with start of accumulation date? 262.34(a)3	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days? 262.34(a)1 If no, the facility must be storage or disposal facility 262.34(b)	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line?)	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
4. Are wastes stored in tanks managed according to the following:				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank? 265.192(b)	<u>      </u>	<u>      </u>	<u>X</u>	<u>12</u>
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? 265.192(c)	<u>      </u>	<u>      </u>	<u>      </u>	<u>12</u>
c. Do continuous feed systems have a waste-feed cutoff? 265.192(d)	<u>      </u>	<u>      </u>	<u>      </u>	<u>12</u>
d. Are required daily and weekly inspections done? 265.194	<u>      </u>	<u>      </u>	<u>      </u>	<u>12</u>
e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements? 265.198, 265.17	<u>      </u>	<u>      </u>	<u>      </u>	<u>12</u>
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply) 265.199	<u>      </u>	<u>      </u>	<u>      </u>	<u>12</u>

If generator is also a TSD, omit section V

	Yes	No	Not Inspected	See Remark Number
Do Personnel training records include: 265.16				
1. Job Titles? 265.16(d)1			X	3
2. Description of Training? 265.16(d)3			X	3
3. Records of Training? 265.16(d)4			X	3
Is Personnel Training Completed within the Required Time Frame?			X	3
<b>B. Preparedness and Prevention</b> 265 Subpart C				
1. Maintenance and Operation of Facility:				
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 265.31	X			4
2. Does the Facility have the following equipment?				
a. Alarm system? 265.32(a)	X			
b. Telephone or 2-Way Radios? 265.32(b)	X			
c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment? 265.32(c)	X			
Indicate the volume of water and/or foam available for fire control 265.32(d)				
Units: Water: 2500 gal/min. pump				
Foam: Portable foam and CO extinguishers				
3. Testing and Maintenance of Emergency Equipment:				
a. Has the Owner or Operator established testing and Maintenance Procedures for Emergency Equipment? 265.33	X			5
b. Is emergency equipment Maintained in Operable Condition? 265.33	X			

	Yes	No	Not Inspected	See Remark Number
4. Has Owner/Operator Provided Immediate Access to Internal Alarms (if needed)? 265.34(a)	<u>X</u>	<u>          </u>	<u>          </u>	<u>6</u>
5. Is there adequate Aisle Space for unobstructed Movement? 265.35	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
6. Are arrangements with local authorities included in the operating record? 265.37	<u>X</u>	<u>          </u>	<u>          </u>	<u>7</u>

(C) Contingency Plan and Emergency Procedure

1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §264.51 and 261.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part)

X

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?

X

c. Names, addresses, and Phone numbers (office and Home) of all persons qualified to act as emergency coordinator.  
265.52(d)

X

d. A list of all emergency equipment at the facility which include the location and physical description of each item on the list, and a brief outline of its capabilities?  
265.52(e)

X

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.  
265.52(f)

X

	Yes	No	Not Inspected	See Remark Number
2. Are copies of the Contingency Plan available at site and local Emergency Organizations? 265.53	<u>X</u>	<u>          </u>	<u>          </u>	<u>8</u>
3. Emergency Coordinator 265.55				
a. Is the Facility Emergency Coordinator Identified?	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
b. Is Coordinator Familiar with all aspects of site operation and Emergency Procedures?	<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>X</u>	<u>          </u>	<u>          </u>	<u>9</u>
4. Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency Procedures listed in §256.56?	<u>          </u>	<u>X</u>	<u>          </u>	<u>          </u>

#### VI. RECORDKEEPING

- (A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?  
265.71(a)5

<u>X</u>	<u>          </u>	<u>          </u>	<u>13</u>
----------	-------------------	-------------------	-----------

#### VII. INTERNATIONAL SHIPMENTS

- (A) Has the Installation Imported or Exported Hazardous Waste?  
262.50

<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
----------	-------------------	-------------------	-------------------

(If A was answered Yes, then complete one or both of the following)

1. Exporting Hazardous waste, has a generator:
- a. Notified the Administrator in writing?  
262.50(b)1
- b. Obtained the Signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>X</u>	<u>          </u>	<u>          </u>	<u>          </u>



Yes

No

Not  
InspectedSee Remark  
Number

c. Met the Manifest requirements?

X

262.50(b)3

2. Importing Hazardous Waste,  
has the generator:

262.50(d)

a. Met the manifest requirements?

X

14

VIII. PREPARER INFORMATION

Name: Marwan A. Khuri

Title: Environmental Engineer

Phone Number: 313-666-2700

MARKS: See attachment

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
Form 3 - Transporter Inspection  
(263)I. General Information:

(A) Transporter Name: \_\_\_\_\_

(B) Street: \_\_\_\_\_

(C) City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code: \_\_\_\_\_

(F) Phone: \_\_\_\_\_ (G) County: \_\_\_\_\_

(H) Operator: \_\_\_\_\_

(I) Street: \_\_\_\_\_

(J) City: \_\_\_\_\_ (K) State: \_\_\_\_\_ (L) Zip Code: \_\_\_\_\_

(M) Phone: \_\_\_\_\_ (N) County: \_\_\_\_\_

(O) Owner: \_\_\_\_\_

(P) Street: \_\_\_\_\_

(Q) City: \_\_\_\_\_ (R) State: \_\_\_\_\_ (S) Zip Code: \_\_\_\_\_

(T) Phone: \_\_\_\_\_ (U) County: \_\_\_\_\_

(V) Type of Ownership: \_\_\_\_\_ Federal \_\_\_\_\_ Municipal \_\_\_\_\_ Private  
\_\_\_\_\_ State \_\_\_\_\_ County

(W) Date of Inspection: \_\_\_\_\_ Time of Inspection (From) \_\_\_\_\_ (To) \_\_\_\_\_

(X) Weather Conditions: \_\_\_\_\_  
\_\_\_\_\_

(Y) Person(s) Interviewed	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Z) Inspection Participants	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

## II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

- |                                 |  |
|---------------------------------|--|
| (A) _____ Generator (Form 2)    | (B) _____ Chemical, Physical and Biological Treatment (Form 4) |
| (C) _____ Storage (Form 5)      | (D) _____ Landfill (Form 6)                                    |
| (E) _____ Incineration (Form 7) | (F) _____ Thermal Treatment (Form 7)                           |
| (G) Comments: _____             |  |
| _____                           |  |
| _____                           |  |
| _____                           |  |

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

## III. RECORDKEEPING

	Yes	No	Not Inspected	See Remark Number
(A) Are Copies of the Completed Manifest(s) or Shipping Paper(s) Available for Review and Retained for Three Years?	_____	_____	_____	_____

263.22(a)

IV. INTERNATIONAL SHIPMENTS

	Yes	No	Not Inspected	See Remarks Number
A. Does the Transporter Record on the Manifest the Date the Waste left U.S.? 263.20(f)1 <sup>^the</sup>	_____	_____	_____	_____
B. Are Completed Manifest(s) on File? <u>SIGNED</u> 263.22(a) and 263.20(f)2	_____	_____	_____	_____

V. MISCELLANEOUS

- A. Does Transporter Transport Hazardous Waste Into the U.S. from Abroad?  
263.10(c)1 \_\_\_\_\_
- B. Does the Transporter Mix Hazardous Waste of Different DOT Shipping Descriptions by Placing them into a Single Container?  
263.10(c)2 \_\_\_\_\_

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and Must comply with the Generator Regulations.

263.10(c)

VI. PREPARER INFORMATION

A. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form 4 - Chemical, Physical and Biological Treatment/Land Treatment  
265 - Subpart Q

I. General Information

(A) Facility Name: \_\_\_\_\_  
 (B) Street: \_\_\_\_\_  
 (C) City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code \_\_\_\_\_  
 (F) Phone: \_\_\_\_\_ (G) County: \_\_\_\_\_

II. Chemical, Physical and Biological  
Treatment (Subpart Q)  
265

	Yes	No	Not Inspected	See Remark Number
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? 265.401(b)				
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)? 265.401(c)				
3. Has the owner or operator addressed the waste analysis requirements of 265.402? and 265.13				
4. Are inspection procedures followed according to 265.403?				
5. Are the special requirements fulfilled for ignitable or reactive wastes? 265.405				
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.) 265.406				

### III. Land Treatment (Subpart H) 265

	Yes	No	Not Inspected	See Remark Number
1. Is hazardous waste capable of biological or chemical degradation? 265.272(a)				
2. Are run-off and run-on diverted from the facility or collected (Effective date: November 19, 1981)? 265.272(b&c)				
3. Is waste analysis according to 265.273? and 265.13				
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?				
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? 265.278(a)				
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278(b and c)?				
7. Are records kept regarding application dates and rates, quantities, and location of all hazardous waste placed in the facility? 265.279				
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? 265.281				
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies.) 265.282				

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
SUPPLEMENTAL FORM 5 FOR STORAGE FACILITY INSPECTIONS265 - Subparts I, J, K, and L  
I. General Information

(A) Facility Name: Arnak Tape Division  
(B) Street: 317 Kendall Avenue  
(C) City: Marysville (D) State: Michigan (E) ZIP Code 48040  
(F) Date of Inspection: 3/6/81

## II. Storage Facility Standards (Part 265)

## A. Facilities which store containers of hazardous waste (Subpart I) 265

	YES	NO	NOT IN- SPECTED	REMARK #
1. Are containers in good condition? 265.171				
2. Are containers compatible with waste in them? 265.172				
3. Are containers stored closed? 265.173(a)				
4. Are containers managed to prevent leaks? 265.173(b)	X			
5. Are containers inspected weekly for leaks and defects? 265.174	X			
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? 265.176	X			
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.177(a)			X	
8. Are containers of incompatible wastes separated or protected from each other physical barriers or sufficient distance? 265.177(c)			X	

## B. Facilities which store hazardous waste in tanks (Subpart J) N/A No tanks used

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192(b)				
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? 265.192(c)				

	YES	NO	NOT IN-SPECTED	REMARK #
1. Are continuous feed systems have a waste-feed cutoff? 265.192(d)				
2. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193(a)				
3. Are required daily and weekly inspections done? 265.194				
5. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.198				
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.199				

C. Facilities which store hazardous waste in surface impoundments (Subpart K) 265 N/A				
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? 265.222				
2. Do earthen dikes have protective cover? 265.223				
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? 265.225(a)				
4. Is the freeboard level inspected at least daily? 265.226(a)1				
5. Are the dikes inspected weekly for evidence of leaks or deterioration? 265.226(a)2				
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.299(a)1				
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.230				

D. Facilities which store hazardous waste in waste piles (Subpart L) 265 N/A				
1. Are waste piles covered or protected from the wind? 265.251				
2. Is each in-coming movement of waste analyzed before being added to the waste pile? 265.252				
3. Are leachate, run-off, and run-on controlled? (The effective date of this provision is Nov. 19, 1981.) 265.253				
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) 265.256(a)1				



	YES	NO	NOT IN- SPECTED	REMARK #
5. Are piles of reactive or ignitable waste protected? 265.256(a)2				
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) 265.257(a)				
7. Are piles of incompatible waste protected by barriers or distance from other waste? 265.257(b)				

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
FORM 6 - LANDFILL INSPECTIONS

265 - Subpart N

I. General Information

(A) Facility Name: \_\_\_\_\_

(B) Street: \_\_\_\_\_

(C) City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code: \_\_\_\_\_

(F) Date of Inspection: \_\_\_\_\_

<u>II. Landfills</u>	Yes	No	Not Inspected	See Remark Number
(A) General Operating Requirements - Does the facility provide the following:				
*1. Diversion of run-on away from active portions of the fill? 265.302(a)	_____	_____	_____	_____
*2. Collection of run-off from active portions of the fill? 265.302(b)	_____	_____	_____	_____
*3. Is collected run-off treated? 265.302(b)	_____	_____	_____	_____
4. Control of wind disposal of hazardous waste? 265.302(d)	_____	_____	_____	_____

(\* Effective 11-19-81)

(B) Surveying and Recordkeeping -  
Does the Operating Record Include:

1. A map showing the exact location and dimensions of each cell?  
265.309(a)
2. The contents of each cell and the location of each hazardous waste type within each cell?  
265.309(b)

	Yes	No	Not Inspected	See Remark Number
<b>C. Closure and Post-Closure</b>				
1. Is the Closure Plan available for inspection by 5-19-81? 265.112(a)	_____	_____	_____	_____
2. Has this plan been submitted to the Regional Administrator? 265.112(c)	_____	_____	_____	_____
3. Has Closure begun? 265.112(c)	_____	_____	_____	_____
4. Is Closure cost estimate available by 5-19-81? 265.142(a)	_____	_____	_____	_____
<b>D. Special requirements for ignitable or reactive waste</b>				
Are ignitable or reactive wastes treated so the resulting mixture is no longer ignitable or reactive? 265.312	_____	_____	_____	_____
(If waste is rendered non-reactive or non-ignitable see treatment requirements)				
If not, the provisions of 40 CFR <u>265.17(b)</u> apply.	_____	_____	_____	_____
<b>E. Special requirements for Incompatible Wastes.</b>				
Does the owner or operator dispose of incompatible wastes in separate cells? 265.313	_____	_____	_____	_____
If not, the provisions of 40 CFR <u>265.17(b)</u> apply.	_____	_____	_____	_____
<b>F. Special Requirements for liquid waste (effective 11-19-81)</b>				
1. Are bulk or non-containerized liquids placed in the landfill? 265.314(a)	_____	_____	_____	_____
2. Does the landfill have a chemically and physically resistant liner system? 265.314(a)1	_____	_____	_____	_____

	Yes	No	Not Inspected	See Remark Number
3. Does the landfill have a functional leachate collection system? 265.314(a)1	_____	_____	_____	_____
4. Are free liquids stabilized prior to or immediately after placement in the landfill? 265.314(a)2	_____	_____	_____	_____
G. Special requirements for Containers (effective 11-19-81)				
Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill? 265.315(a)	_____	_____	_____	_____

11/6/80

265.11

- FORM 7

RCRA INSPECTION REPORT-INTERIM STATUS STANDARDS  
SUPPLEMENTAL FORM FOR THERMAL TREATMENT (AND INCINERATORS)

265 - Subparts P and O

I. General Information

(A) Facility Name: \_\_\_\_\_  
(B) Street: \_\_\_\_\_  
(C) City: \_\_\_\_\_ (D) State: \_\_\_\_\_ (E) Zip Code: \_\_\_\_\_  
(F) Date of Inspection: \_\_\_\_\_

II. Determination of Steady State

A. Type of unit (i.e., type of incinerator or thermal treatment): \_\_\_\_\_

B. Components and steady state condition: I 265.343 Th 265.373

Component	**** Was this component at SS prior to adding waste?			See Remark #:
	Yes	No	Not Inspected	
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. Waste Analysis

265.13

A. Minimum requirements, for wastes not previously burned/treated.

1. Required analyses; has an analysis been performed for the following:		I	TH	Yes	No	Not Inspected	See Remark #:
		265.345	265.375				
a. Heating value				_____	_____	_____	_____
b. Halogen content				_____	_____	_____	_____
c. Sulfur content				_____	_____	_____	_____

2. Documented, written data may be substituted for analysis for these. Are either present for:

a. Lead? I 265.345 Th 265.375

b. Mercury?

Yes No Not Inspected See Remark #:

B. Other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested for.)

See Remark #:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### IV. Monitoring and Inspections

- |  | Yes   | No    | Not Insp. | See Remark #: |
|--|-------|-------|-----------|---------------|
| A. Combustion/emission control instruments monitored at least every 15 minutes?<br>I 265.347(a)1 Th 265.377(a)1                      | _____ | _____ | _____     | _____         |
| B. Steady state maintained or corrections attempted?<br>I 265.347(a)1 Th 265.377(a)1   | _____ | _____ | _____     | _____         |
| C. Stack plume observed at least hourly for normal color and opacity?<br>I 265.347(a)2 Th 265.377(a)2                                | _____ | _____ | _____     | _____         |
| D. Did any stack observations made by owner or operator show a plume different than normal?*   | _____ | _____ | _____     | _____         |
| E. If yes to D above, were corrections made to return emissions to normal appearance?*   | _____ | _____ | _____     | _____         |
| F. Complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?<br>I 265.347(a)3 Th 265.377(a)3 | _____ | _____ | _____     | _____         |
| G. Emergency shutdown controls, system alarms checked daily for proper operation?<br>I 265.347(a)3 Th 265.377(a)3                    | _____ | _____ | _____     | _____         |

\* Specify in Remarks for what period of time this was checked.

# V. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

1. Does this facility burn  
only waste explosives?  
(A No answer means other  
hazardous waste is open-  
burned.) 265.382

Yes

No

Not  
Inspected

See Remark #:

\_\_\_\_\_

2. If this facility open-  
burns waste explosive,  
does it burn the waste  
at a distance greater  
than or equal to the  
minimum specified distance  
(below)? 265.382

\_\_\_\_\_

Inspector(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Sign and Date)

265.382

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others
--	--

0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,001 to 30,000.....	690 m	2,260 ft

Armak Tape Division

1. Company has said that they are handling hazardous waste, so they don't think they need a detailed chemical and physical analysis of the waste.
2. Company has a detailed waste analysis plan in one folder and procedures for inspection and analysis of each movement of hazardous waste from off-site is filed in a different folder.
3. This area of training is still being developed by the company.
4. Company had a small spill early Fall, 1980 and none since then.
5. Company has practiced testing and maintenance procedures for emergency equipment, but they have not documented these procedures in writing.
6. The immediate access to internal alarms is by phone.
7. Company has verbally notified local authorities (such as police, fire, and hospitals) of their plan and operating record. Local authorities did not answer because they fear being liable.
8. Company has contingency plan available at site. They also claim that local emergency organizations have it, but they have no written proof.
9. Company has five Emergency Coordinators ranked in sequence and at least one will be on site at all times.
10. Closure and post-closure plans are being developed and will be ready by May 19, 1981.
11. Company has these shipments in tankers and do not need packing in accordance with DDT regulations.
12. Company stores in drums and not tanks.
13. Company plans to keep manifests, annual reports, exception reports and all test results and analysis for at least three years. They just started on this recently and it has not been three years of recordkeeping.
14. This was not inspected because it does not apply to Company. They do not import waste.



**GENERAL LABEL ITEMS**

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data in the appropriate fill-in area below. Also, if the preprinted data is absent (the area left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the information is complete and correct, you need not complete items I, III, V, and VI (except VI-B must be completed regardless). Complete items if no label has been provided. Read the instructions for detailed item definitions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

**III. NAME OF FACILITY**

1 SKIP ARMAK TAPE DIVISION

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)  
2 TIM CARLSON OPERATIONAL MANG

B. PHONE (area code & no.)  
313 364 9000

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX  
3 317 KENDALL AVE

B. CITY OR TOWN  
4 MARYSVILLE

C. STATE  
MI

D. ZIP CODE  
48040

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  
5 317 KENOALL AVE

B. COUNTY NAME  
ST. CLAIR

C. CITY OR TOWN  
6 MARYSVILLE

D. STATE  
MI

E. ZIP CODE  
48040

F. COUNTY CODE (if known)

Form 3510-1 (6-80) REVERSE

7 15 16 17 18

C. THIRD D. FOURTH

7 15 16 17 18

(specify)

VIII. OPERATOR INFORMATION

A. NAME B. Is the name listed in Item VIII-A also the owner?

ARMAC COMPANY ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) D. PHONE (area code & no.)

F = FEDERAL M = PUBLIC (other than federal or state) P (specify) 3 1 2 7 8 6 0 4 0 0

S = STATE O = OTHER (specify) 15 16 17 18 19 20 21 22 23 24

P = PRIVATE

E. STREET OR P.O. BOX

300 S. WACKER DRIVE

F. CITY OR TOWN G. STATE H. ZIP CODE IX. INDIAN LAND

CHICAGO IL 60606 Is the facility located on Indian lands?

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)

9 N M I 0 0 3 9 0 2 1 9 P

B. UIC (Underground Injection of Fluids) E. OTHER (specify)

9 U (specify)

C. RCRA (Hazardous Wastes) E. OTHER (specify)

9 R (specify)

KI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

KII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of pressure sensitive paper and reinforced tape products utilizing adhesive mixing, coating, and converting equipment.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print) B. SIGNATURE C. DATE SIGNED

J. Kurzweil VP/Gen. Mgr. Tape Division (Signature) 11/17/80

IV. COMMENTS FOR OFFICIAL USE ONLY

Form 3510-1 (6-80) REVERSE

From 1960 to 1970, the number of people in the United States aged 65 and over increased from 15.5 million to 22.5 million, or 45 percent. The number of people aged 75 and over increased from 5.5 million to 8.5 million, or 55 percent. The number of people aged 85 and over increased from 1.5 million to 2.5 million, or 67 percent. The number of people aged 95 and over increased from 0.5 million to 1.0 million, or 100 percent. The number of people aged 100 and over increased from 0.1 million to 0.2 million, or 100 percent.

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item 1 above.

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY

FOR NEW FACILITIES,  
PROVIDE THE DATE  
(yr., mo., & day) OPERA-  
TION BEGAN OR IS  
EXPECTED TO BEGIN

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)  
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED  
(use the boxes to the left)

YR.		MO.		DAY	
73	74	75	76	77	78

2. FACILITY HAS A RCRA PERMIT

### 1. FACILITY HAS INTERIM STATUS

**A. PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

1. **AMOUNT** – Enter the amount.

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
<b>Disposal:</b>			<b>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</b>		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	T04		GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP										TJA	C.						
											1						
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)									1. AMOUNT						
X-1	S O 2	600						G	5								
X-2	T O 3	20						E	6								
1	S O 1	12,000						G	7								
2									8								
3									9								
4									10								

continued from the front.

## PROCESSES (continued)

PAGE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**      **CODE**  
POUNDS . . . . . P  
TONS . . . . . T

**METRIC UNIT OF MEASURE**      **CODE**  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
			1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
K 0 5 4	900	P	T 0 3 D 8 0	
D 0 0 2	400	P	T 0 3 D 8 0	
D 0 0 1	100	P	T 0 3 D 8 0	
D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-350004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																																																															
<table border="1"> <tr> <td>W</td><td>M</td><td>I</td><td>D</td><td>0</td><td>6</td><td>1</td><td>8</td><td>6</td><td>2</td><td>9</td><td>2</td><td>6</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td> </tr> </table>													W	M	I	D	0	6	1	8	6	2	9	2	6	1	2	3	4	5	6	7	8	9	10	11	12	13	<table border="1"> <tr> <td>W</td><td colspan="10">DUP</td><td>2</td><td>DUP</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td> </tr> </table>												W	DUP										2	DUP	1	2	3	4	5	6	7	8	9	10	11	12	13
W	M	I	D	0	6	1	8	6	2	9	2	6																																																																
1	2	3	4	5	6	7	8	9	10	11	12	13																																																																
W	DUP										2	DUP																																																																
1	2	3	4	5	6	7	8	9	10	11	12	13																																																																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																																																												
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																																																																		
	21	22	23	24	25	26	27	28		1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																																																														
1	D	0	0	1	0		P		S	0	1																																																																	
2	P	0	6	4	0*		P		S	0	1																																																																	
3	P	0	6	8	0*		P		S	0	1																																																																	
4	U	0	0	2	0*		P		S	0	1																																																																	
5	U	1	5	4	0*		P		S	0	1																																																																	
6	U	1	5	9	0*		P		S	0	1																																																																	
7	U	2	2	0	0*		P		S	0	1																																																																	
8																																																																												
9																																																																												
10																																																																												
11																																																																												
12																																																																												
13																																																																												
14																																																																												
15																																																																												
16																																																																												
17																																																																												
18																																																																												
19																																																																												
20																																																																												
21																																																																												
22																																																																												
23																																																																												
24																																																																												
25																																																																												
26																																																																												

CONTINUE

**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)														
8	7	6	5	4	3	2	1	0	9	8	7	Y	A	C
1	2	3	4	5	6	7	8	9	0	1	2	13	14	15
M	I	D	O	6	1	8	6	2	9	2	6			6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)								
8	2	2	8	0	5	7	4	2	5	3	0	4	1	
55	56	57	58	59	60	71	72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)																			
3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			

**C. OWNER CERTIFICATION**




I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

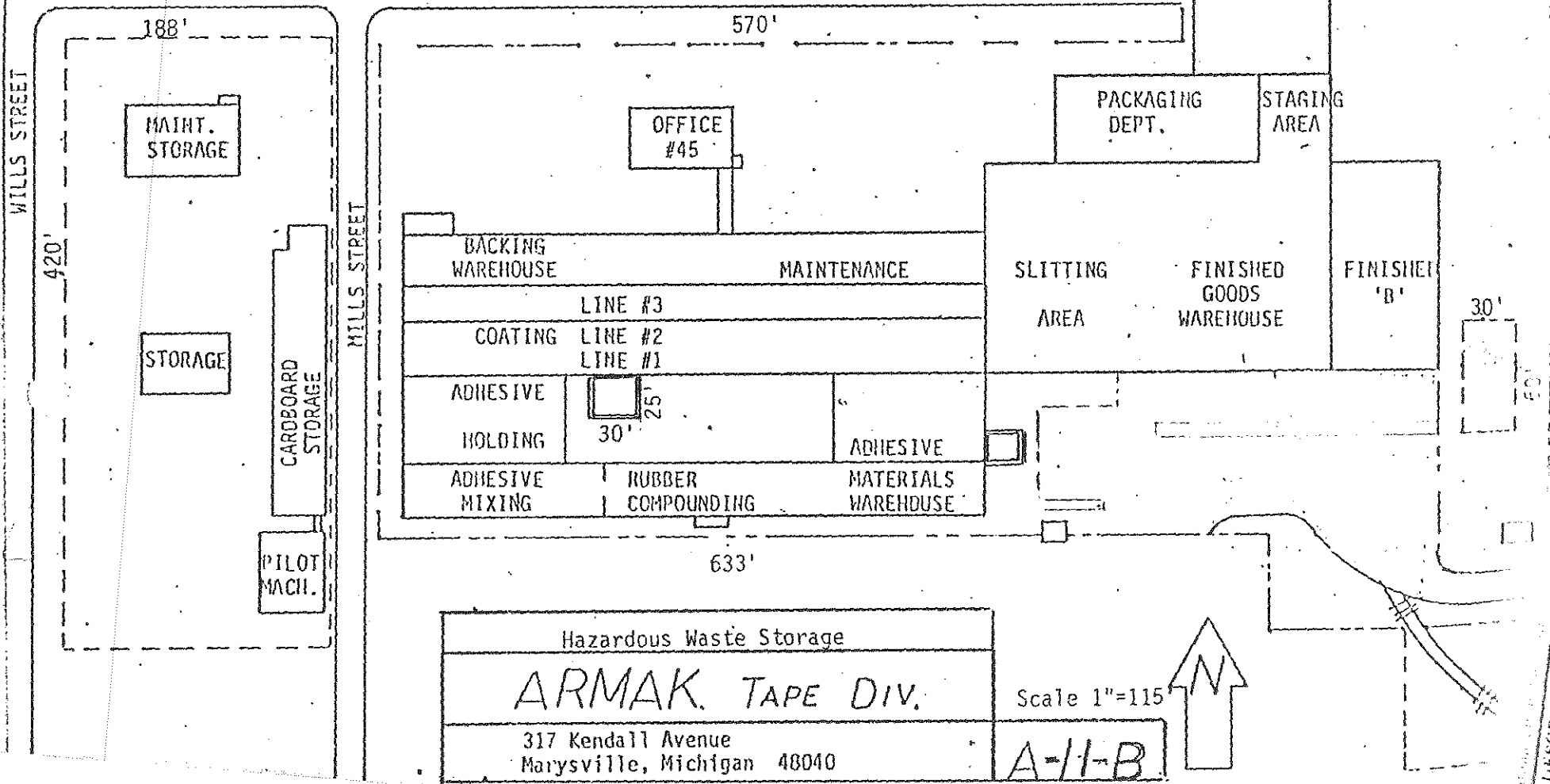
NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Kurzwiel - VP/Gen. Mgr. Tape Div.	<i>Chin M. Kurzwiel</i>	11/17/80

**OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

-  25' x 30' Drum Storage Area
-  20' x 30' Drum Storage Area
-  30' x 60' Future Aerobic Lagoon



ARMAK TAPE DIV.

317 Kendall Avenue  
Marysville, Michigan 48040

Scale 1"=115'

A-11-B



IV. DESCRIPTION OF HAZARDOUS WASTES (continued)  
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CONCEPTS

EXISTING AIR PERMITS  
(Operating)

<u>Permit</u>	<u>I.D. No.</u>	<u>Agency</u>
Paper Coating Machine & Drying Oven	423-78	Michigan DNR
Line Number 4	221-75	Michigan DNR
Solvent Recovery	104-80	Michigan DNR